

INTER-AGENCY AGREEMENT

This agreement is entered into between the _____ County
Department of Human Resources and the _____.
(Name of Child Care Facility)

Under the terms of this agreement, the _____
(Name of Child Care Facility)

agrees to provide group care for the following child (The word "child" as used throughout this agreement also means "Children" where the agreement is for placement of siblings and consequently more than one child is named in the agreement).

(Name of Child) Date of Birth _____

(Name of Child) Date of Birth _____

(Name of Child) Date of Birth _____

The _____ County Department of Human Resources has temporary custody of the above-named child by order dated _____ and rendered by the _____.
(Name of court as it appears on the custody order)

Pursuant to the court order(s) attached hereto and made a part hereof, the _____ County Department of Human Resources hereby gives consent for emergency medical, surgical, dental, and hospital services, treatment and care as determined by a licensed physician, surgeon, or dentist to be necessary for the immediate health and well being of the above-named child, provided effort is made to notify the said County Department of Human Resources. The _____
County Department of Human Resources agrees to keep

_____ informed of current home and business
(Name of Child Care Facility)

telephone numbers of its employee or employees designated to receive notification of the above-described emergency medical treatment for the said child. For ordinary non-emergency or elective medical, surgical, and dental treatment and care, prior permission must be obtained from the _____ County Department of Human Resources by the _____ except that the said child care
(Name of Child Care Facility)

facility is hereby given permission by the said County Department of Human Resources to obtain an annual physical examination and an annual dental examination of the said child (or more frequent examinations when recommended by a physician or dentist), and to obtain medical or dental treatment for said child when he is in pain or is exhibiting other symptoms which show the child's need for medical or dental examinations, treatment or care.

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The _____ County Department of Human Resources hereby gives permission for the above-named child to participate in such recreational, social, and educational activities offered or approved by the _____
(Name of Child Care Facility)

and taking place inside the State of Alabama. The said County Department of Human Resources gives permission for the said child to participate in such recreational, social, and educational activities outside the State of Alabama when prior approval has been obtained from the _____ County Department of Human Resources by the said Child Care Facility. This permission includes participation in recreational activities approved by the said Child Care Facility and supervised by staff members designated by the said Child Care Facility or by other persons approved by the said Child Care Facility.

The Child Care Facility shall comply with the policies and regulations of the Alabama Department of Human Resources. Payment by the Alabama Department of Human Resources shall be contingent upon compliance with said policies and payment may be withheld if said facility fails to comply with policy. *

It is understood that the parties to this agreement are bound by the court order(s) attached hereto and made a part hereof.

Date: _____
_____ County
Department of Human Resources

By: _____
As Director of the _____ County
Department of Human Resources and as agent of the
Department of Human Resources of the State of Alabama

Date: _____

(Child Care Facility)

By: _____
As its _____ and agent
(Title)

* This does not apply to children placed by agencies other than the Department of Human Resources.